

Trauma Performance Improvement Committee Meeting
September 7, 2017
8:00 AM - 9:00 AM

Members Present:	Members Absent:	OEMS Staff:	Others:
Forrest Calland	Anne Mills	Dwight E. Crews	
Emory Altizer	Greg Stanford	Timothy Erskine	
Lou Ann Miller	Gary Critzer	Cam Crittenden	
T. J. Novosel	Marilyn McLeod		
Mike Aboutanos	John Hyslop		
	Bryan Collier		
	Shawn Safford		
	Valeria Mitchell		

	Discussion	Recommendations, Action/Follow-up; Responsible Person
Trauma Triage Quarterly Report	<p>The draft of the quarterly report was presented and discussed at the meeting. Forrest mentioned that the report is moving in the right direction. Cam mentioned that when we decided to break the annual report down into a quarterly report to meet our reporting requirements to the GAB, she assumed that we had decided on the report format and each quarter, we were going to simply pull data and populate in that format and move on. Cam mentioned that her concern was all the changes and additions. We can include changes in the annual report. We have to meet the reporting requirements to report to the Advisory Board quarterly and that we have a rollup report at the end of the year. Also, the report would provide real-time information to agencies. Cam mentioned that her vision was that we decide on the report format and move forward. Then, we can look at pieces of the data with separate reports, such as transfers from the trauma registry. Forrest mentioned that it wasn't his vision. His vision was that we don't have a mandate for an annual report. Forrest thought that it was ok to work on structural updates, that if we have a rolling report, we are essentially done each quarter. Forrest stated that we have actually changed how we collected vital signs by giving feedback. Lou Ann mentioned that we haven't even sent out the 1st quarter report to agencies. Forrest hears the concerns, but begs for patience. We are closer to meeting more objectives than the last decade. Lou Ann mentioned that she wants to get the report out to her council, so that they look at patients who go to non trauma centers so that they can figure out why. Forrest mentioned that we have actually done something with this report. Forrest mentioned that showing people the numbers over time was critical in giving feedback and showing what we have worked on over time with this group. Cam mentioned that her concern was the timeliness of the report.</p> <p>Forrest summarized that Cam is really grateful for a great report format and the efforts of the committee have put together a useful dataset that has changed provider practice. Forrest mentioned that we can review the draft and then say that this is the final format for the quarterly report. We can't decide since we don't have a quorum, but we can do voting virtually online. Forrest is going to divorce the committee from the process of the annual report. We have a mandate for a quarterly report. Forrest wants to see a rolling quarterly report.</p>	<p>Review the biggest improvements with agencies with data quality. (Dwight)</p> <p>Send out draft of 1st quarter report to committee for virtual vote. (Dwight)</p>

	<p style="text-align: center;">Discussion</p>	<p style="text-align: center;">Recommendations, Action/Follow-up; Responsible Person</p>
	<p>Lou Ann mentioned that we are going to do a virtual vote and if we accept the report and about having 2nd quarter data. Forrest stated that the quarterly report would be due at the end of the next quarter. The 1st quarter report would be due on 6/30, the 2nd quarter report would be due on 9/30, 3rd quarter report on 12/31, and the 4th quarter report on 3/31. Once we agree on the format, then we can present two reports simultaneously. Lou Ann mentioned that she wanted the 1st quarter report sooner, but the addition is very much needed.</p> <p>Forrest mentioned that the will of the committee is excited and grateful for the report format and excited that the 2nd quarter will come out at the end of September. Our task is to affirm that this is the format for the 2nd quarter report.</p> <p>Forrest stated that we can affirm the report format today. Forrest commented that the report is adequate and that the vital signs data change is staggering. Forrest mentioned that as a result of what the committee has done, dialogue has happened that addressed the necessity of complete vital signs and the work has filtered down to the agencies.</p> <p>Cam mentioned that we can look at the lower 10 percent with improvement with vital signs and look at their biggest delta or change with their performance. Tim mentioned that we can look at the worst performers and see who was most improved. Forrest mentioned that this should be addressed with the medical direction committee. Forrest would like to recommend this as best practices.</p> <p>Next, for this committee, Forrest would like to have an unblinded data quality report and turn our attention to risk adjusted reports of mortality with regions and hospitals.</p> <p>Forrest mentioned that we need to approve the report format. Forrest reviewed the executive summary with the committee. We have more reliable complete data sets and have more step 1 trauma patients. That means that we have collected more vital signs on patients who needed them collected. Trauma patients have increased and yet the proportion of patients who met step 1 criteria stayed the same which means we have more data collected on patients who needed it.</p> <p>Even though more patients met step 1, patients are still not being directly taken to trauma center. Providers have already decided where the patients are going. Mike mentioned that we need to look at the consequences of not taking the patient to a trauma center. Forrest mentioned that we have collected more vital sign data on patients who were taken to non trauma centers. Forrest stated that providers don't understand why direct transfer of trauma patients is important.</p> <p>Cam stated that mortality is bad as well as a patient who take 3-4 hours to get transferred to a trauma center.</p> <p>Forrest mentioned we have increased the number of trauma patients over the last 3 years and yet the proportion of patients who met step 1 criteria stayed the same. This means we collected more reliable data sets on patients who were critically injured.</p>	

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	Forrest moved that we put the rest of the report to a virtually vote and that we put out the 1st Quarter and 2nd Quarter report out simultaneously on 9/30. Cam mentioned that once the format is approved by the group then next time, we don't need to get committee approval. Forrest mentioned that it will be an automated report.	
Membership	Dwight presented a handout of the committee recommendations. Committee reviewed the list. The member recommendation for rehabilitation is not rehab. We need a physiotherapist. Will get a name to Mike today.	Check with Forrest on Approval. (Dwight)
Trauma Patients Impression Review	<p>Cam presented a review of the impressions with trauma patients with the possible approach of excluding diagnosis codes with lower impact. The handout of Cam's review was distributed. Forrest asked for alternative approaches. Forrest asked for impressions where they should always have GCS every single time. Cam mentioned that the largest percentage of injuries are trauma - not otherwise listed. We need to bring this to the attention of MDC.</p> <p>Forrest will take this to MDC and ask for their engagement. Forrest mentioned that what are the cases in which a patient should have a complete set of vital signs. Forrest mentioned that all codes with brain injuries should have all vitals documented. He will propose to MDC that we will report to MDC the proportion of patients with brain injuries with complete vitals. Cam stated that we can look at the data.</p> <p>Lou Ann mentioned also that we should look at the trauma - not otherwise listed, where did the patients come from and where did they go to and did they met step 1 criteria.</p> <p>Forrest requested a dataset to play with from the trauma registry. Forrest would like one year of data from VSTR on just the trauma centers. He will create an automated risk adjusted report by hospital. He does not need to know the identities. He will bring back a risk adjusted quality report by hospital automated. He needs data for 2016 and he needs all the variables related to risk adjusted outcomes with TQIP.</p>	Analyze trauma triage data with brain injuries. (Dwight) Get Forrest dataset from the Trauma Registry. (Dwight)
PUBLIC COMMENT	n/a	
UNFINISHED BUSINESS		
NEW BUSINESS		
Adjournment	9:00 AM	